

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

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|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| LOCAL REPORT NO. | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 | | Lebanon Police | | 0 8 3 0 3 0 0 | | ODHS USE ONLY - DO NOT MARK ABOVE | | | | LOCAL FILE NO. | | | | | | | |
| REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE | | NO OF VEH PEDESTRIANS INVOLVED | | CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY | | | | COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150 | | HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED | | | | | | | | | |
| IN COUNTY OF WARREN | | | | IN <input checked="" type="checkbox"/> CITY | | | | LEBANON | | DATE OF CRASH: 10/22/14 | | DAY: WED | | TIME: MILITARY 0708 | | | | | |
| CRASH OCCURRED ON 1916 DRAKE RD. LHS STUDENT LOT | | | | | | | | | | | | | | WITHIN THE INTERSECTION OF | | | | | |
| IF NOT IN INTERSECTION _____ MILES 700 FEET W N E S OF DRAKE RD. (1916) | | | | | | | | | | | | | | CITY CODE 8321 | | | | | |
| LOG-1 | | LOG-2 | | LOC JUR FH9 FILT | | | | | | | | | | | | | | | |
| A UNIT NO. 1 | | NO OF OCCUPANTS 1 | | OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/> | | INSURANCE CO OR AGENT USAA | | | | | | | | | | | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) EATON, JESSICA A. | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 700 W. PEKIN LEBANON, OH 45036 | | | | | | | | | | | | | |
| PHONE NO. 802-238-7241 | | BIRTH DATE 5/5/97 | | AGE 17 | | SEX F | | SOCIAL SECURITY NO. | | STATE OH | | DRIVER'S LICENSE NO. UC431854 | | OCCUPATION STUDENT | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) FERNANDEZ, KIMBERLY | | | | | | ADDRESS 700 W. PEKIN LEBANON, OH 45036 | | | | | | PHONE 802-238-7211 | | | | | | | |
| VEH YR 2004 | | MAKE TOYO | | MODEL SCION | | COLOR GRN | | STYLE 4M | | STATE OH | | LICENSE PLATE NO. GFU7584 | | TOWING SERVICE LEBANON TOW | | | | | |
| VEH/PED DIR FROM W TO E | | | | | | | | | | | | | | | | | | | |
| CIRCLE DAMAGE AREAS | | | | 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER | | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING | | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> HEAVY | | VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED | | FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | | | |
| 8 UNIT NO. 2 | | NO OF OCCUPANTS 1 | | OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/> | | INSURANCE CO OR AGENT PEKIN INS. CO. | | | | | | | | | | | | | |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) LOGSDON, ALEX G. | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1122 WALNUT ST. LEBANON, OH 45036 | | | | | | | | | | | | | |
| PHONE NO. 513-582-3638 | | BIRTH DATE 11/11/96 | | AGE 17 | | SEX M | | SOCIAL SECURITY NO. | | STATE OH | | DRIVER'S LICENSE NO. UA736886 | | OCCUPATION STUDENT | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) LOGSDON, DEBORAH | | | | | | ADDRESS 1122 WALNUT ST. | | | | | | PHONE 513-582-3638 | | | | | | | |
| VEH YR 2003 | | MAKE FORD | | MODEL RANGER | | COLOR RED | | STYLE TK | | STATE OH | | LICENSE PLATE NO. FOL3995 | | TOWING SERVICE | | | | | |
| VEH/PED DIR FROM N TO S | | | | | | | | | | | | | | | | | | | |
| CIRCLE DAMAGE AREAS | | | | 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER | | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING | | DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | | | |
| C FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTH DATE | | AGE | | POSITION | | | | INJURIES | | | | | |
| | | ADDRESS | | | | PHONE | | SEX | | A B C D E F | | | | A B C D E F | | | | | |
| D FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTH DATE | | AGE | | | | | | 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED | | | | | |
| | | ADDRESS | | | | PHONE | | SEX | | | | | | | | | | | |
| E FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTH DATE | | AGE | | | | | | | | | | | |
| | | ADDRESS | | | | PHONE | | SEX | | | | | | | | | | | |
| I FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTH DATE | | AGE | | P-PEDESTRIAN | | | | RESTRAINTS | | | | | |
| | | ADDRESS | | | | PHONE | | SEX | | | | | | | | | | | |
| A B C | | INJURED TAKEN TO UNKNOWN LOCATION | | | | By PARENT (KIM FERNANDEZ) | | A B C D E F | | ALCOHOL | | | | | | | | | |
| D E F | | INJURED TAKEN TO | | | | By | | A B C D E F | | 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED | | | | 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN | | | | | |
| A | | OFFENSE CHARGED AND DESCRIPTION | | | | | | | | EJECTION | | | | DRUGS | | | | | |
| O | | OFFENSE CHARGED AND DESCRIPTION | | | | | | | | A B C D E F | | | | A TESTED 0 TESTED | | | | | |
| RECEIVED CALL 0708 | | DISPATCHED 0708 | | ARRIVED 0724 | | CLEARED 0749 | | OTHER TIME | | TOTAL MINUTES 00off 41 | | 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE | | | | 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG | | | |
| DATE REPORT FILED 10/28/14 | | PHOTOS YES NO | | OFFICER'S NAME STALLARD | | BADGE NO. 113 | | CHECKED BY | | | | | | | | | | | |